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CONFIRMATION NO. 3583

SERIAL NUMBER 10/786,176	FILING OR 371(c) DATE 02/26/2004 RULE	CLASS 435	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. PF526C1N
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/848,271 05/04/2001 ABN which claims benefit of 60/201,852 05/04/2000 and claims benefit of 60/236,038 09/28/2000 and claims benefit of 60/254,931 12/13/2000

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 05/27/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MD		29	7
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

22195

TITLE

TREATMENT OF SJOGREN'S SYNDROME BY ADMINISTRATION OF TR18 POLYPEPTIDES

FILING FEE RECEIVED 1276	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p> <p style="margin-left: 100px;"><i>MR 12/12/07</i></p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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